PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Cozad for Congress P.O.Box171443 ADDRESS (number and street) (Check if address is changed) Arllington 76003-1443 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS renrob@ix.netcom.com (Check if address is changed) Optional Second E-Mail Address cozadforcongress@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) CozadForCongress.org (Check if address is changed) DATE 2014 C00552752 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. David Edwin Cozad Type or Print Name of Treasurer Mr. David Edwin Cozad [Electronically Filed] 04 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

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